

1.) CORPORATION NAME:

FFB AG FINANCE INC. (USED IN VA BY: FirstFinancial Bank)

DUE DATE: **2/29/2012**

SCC ID NO: **F1851643**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
LEWIS F TYLER
201 KING ST
KEYSVILLE, VA 23947**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000
PREFER	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHARLOTTE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

AR

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 214 NORTH WASHINGTON STREET
SUITE 516

CITY/ST/ZIP: EL DORADO, AR 71730-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: EDWIN B ALDERSON, JR
TITLE: DIRECTOR
ADDRESS: 202 WEST 19TH STREET
CITY/ST/ZIP/CO: EL DORADO, AR 71730-

☐ OFFICER

☒ DIRECTOR

NAME: WILLIAM C NOLAN
TITLE: DIRECTOR
ADDRESS: 202 WEST 19TH STREET
CITY/ST/ZIP/CO: EL DORADO, AR 71730-

☐ OFFICER

☒ DIRECTOR

NAME: JAMES STEPHEN CAMERON
TITLE: PRESIDENT
ADDRESS: 520 EAST 8TH STREET
CITY/ST/ZIP/CO: EL DORADO, AR 71730-

☒ OFFICER

☒ DIRECTOR

NAME: JERRY BULLARD
TITLE: COO
ADDRESS: 2519 CALION RD
CITY/ST/ZIP/CO: EL DORADO, AR 71730-

☒ OFFICER

☒ DIRECTOR

NAME: CHRIS B HEGI
TITLE: Exec. VP
ADDRESS: 252 MEADOW HILLS DR.
CITY/ST/ZIP/CO: EL DORADO, AR 71730-

☒ OFFICER

☒ DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT MERKLE DIRECTOR 2205 WEST OAK ELDORADO, AR 71730-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN D MILAM DIRECTOR 753 HINSON ROAD EL DORADO, AR 71730-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT M MURFEE DIRECTOR 3900 CALION ROAD EL DORADO, AR 71730-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY W NOLAN DIRECTOR 4915 E. CRESTWOOD DR. LITTLE ROCK, AR 72207-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGARET M NIEL DIRECTOR 723 BODENHAMER DR. EL DORADO, AR 71730-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES M MOORE, JR. DIRECTOR 255 MEADOW HILLS DR. EL DORADO, AR 71730-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY W SEWELL DIRECTOR 400 SUNNY BROOK LANE EL DORADO, AR 71730-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOUIS KNOX WHITE DIRECTOR 1410 N JEFFERSON EL DORADO, AR 71730-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN C SMART DIRECTOR 120 SHADYSIDE EL DORADO, AR 71730-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JAMES STEPHEN CAMERON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES STEPHEN CAMERON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/23/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			